



COLORADO

Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

Behavioral Health and Integration Strategies PIAC June 3, 2020 Meeting Minutes

Introductions:

● **Facilitators:**

- Jeff Appleman: Dept. of Health Care Policy & Finance *Dept. Liaison*
- Daniel Darting: Signal Behavioral Health Network *Co-Facilitator*

● **Voting Members (Phone):**

- Camille Harding: CDHS: Office of Behavioral Health
- Tom Keller: Region MEAC & PIAC, Statewide PIAC
- Dr. Vicky Allen-Sanchez: Colorado Springs Fire Department
- Amanda Jones: Center for Mental Health
- Tammy Phillips: Larimer County DHS
- Mary Dengler-Frey

● **Phone (Non-Voting Members):**

- Alyssa Rose: Beacon Health Options, RAE Regions 2 and 4
- Amanuel Melles: Dept. of Health Care Policy & Finance
- Arnold:
- Violet Willett
- Catherin Morrisey: Northeast Health Partners, RAE Region 2
- Clay Cunningham: Community Reach Center
- Christina Yebuah: Colorado Center on Law and Policy
- Krista Cavataio: RMHP
- Doug Muir: Centura Health
- Kristin Cowin: Imagine!
- John Laukkanen: Dept. of Health Care Policy & Finance
- Jeffery Eggert: Dept. of Health Care Policy & Finance
- Jeff Jaskunas: Dept. of Health Care Policy & Finance
- Karl Brimmer: Colorado Access
- Kelly Young
- Kristina Daniel: Valley-Wide Health Systems
- Kris Wolf
- Dixie Casford



- Kristin Cowin
 - Leah Landis
 - Lauren Staley
 - Lynne Jones
 - Nicole Nyberg
 - Tammy Arnold
 - Kelly Bowman
 - Nicole Nyberg
 - Jenn Conrad
 - Lila Cummings
 - Theresa Burns-Fair
 - Elizabeth Richards
 - Jenna Kapp
 - Tina Gonzales
 - Denise Hosier
 - Taylor Miranda Thompson
 - Sandra Grossman
 - Pat Cook
 - Shingo Ishida
 - Moses Gur
 - Mindy Klowden
 - Camila Joao
 - Tina G
 - Teresa Burns-Fair
 - Taylor Miranda Thompson
 - Matt Sundeen
 - Morgan Anderson
 - Melissa Eddleman
 - Brett Snyder
 - Matt Pfeifer
 - Victoria Laskey
 - Kim Fairley
 - Jeremy White
 - Jeanne Weis
 - Susan Mathieu
- Lutheran Medical Center
Dept. of Health Care Policy & Finance
- Dept. of Health Care Policy & Finance
Northeast Health Partners, RAE,2
Health Colorado RAE & ASO - Region 4
Dept. of Health Care Policy & Finance
Signal Behavioral Health Network
Colorado Hospital Association
Mosaic I/DD services
Beacon Health Options
Dept. of Health Care Policy & Finance
Beacon Health Options
Mental Health Center of Denver
Colorado Community Health Network
Dept. of Health Care Policy & Finance
RN CGS
Dept. of Health Care Policy & Finance
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- Dept. of Health Care Policy & Finance
Dept. of Health Care Policy & Finance



Review Minutes Approval Process:

Daniel solicited a motion to approve the May meeting minutes. Amanda Jones motioned to approve the minutes and Dr. Vicky Allen-Sanchez seconded the meeting minutes. All ayes and no nays.

COVID-19 Questions:

Jeff reviewed The Department’s publicly available websites related to COVID-19 and the Department’s Tele-Medicine policies. He also allowed attendees to provide any updates. There was no further conversation or questions surrounding COVID-19 concerning BHIS.

Crisis System Recap:

Jeff that we are still narrowing our focus and that we are continuing to develop recommendations to better streamline the work the Regional Accountable Entities (RAEs) and the Crisis system ASO’s (Administrative Service Organizations) do for Health First Colorado Members. Jeff reviewed various points of collaboration that we could focus on such as, aligning the performance metrics between the RAEs and ASOs, collaborating with regional health connectors to improve care coordination, and working collaboratively to better communicate & educate those in their region.

Camille suggested also aligning systems, that are administered by different departments/agencies, that have common goals and/or that work with similar populations. Mary Dengler-Frey identified the issue of internet access as another issue that could be addressed in this forum. Doug asked if funds were available to address broadband internet access issues in Colorado. Daniel stated that he is unaware of any such additional funds but that we can continue to check in on that topic. Melissa added that we, in the Department, are continuing to adjust to the “New Normal” and that we and the Office of Behavioral Health (OBH) are having continued conversations on expanding telehealth and addressing the access barriers that exist in the state.

Currently, the Behavioral Health Task Force and its subcommittees are already seeking ways to address this and increase access to care.

The Colorado Health Foundation has shifted all its funds to COVID-19 related work, including special population access. The group wants to focus on improving access to populations who may not be receiving access to care, including transportation. Additionally, CDPHE (Colorado Department of Public Health and Environment) has been focusing on follow-up visits within the Emergency Departments for psychiatric visits. The group would like to further pursue a way to link the hospital to the hotline for follow-ups, specifically aligning the work of this group with the Hospital Transformation Program (HTP).

Furthermore, attendees addressed gaps in the care continuum as a topic to address going forward, specifically understanding gaps in the care continuum, trends for common diagnosis, administering the right service at the right time in the right place, 24-hour follow-up, and a focus on coordinating the coordinators.



Education and training were also identified as important pieces to this work. Finding the most appropriate venues to begin the conversation (such as Member Experience Advisory Committees), identifying those who need to be a part of the conversation (regional health connectors, police departments, etc.), and finding the best ways to promote the systems and infrastructures already in place. Participants added the need to invest in local communities and tailor the responses of the individual based on their needs, especially within their communities.

Alignment of Performance Metrics:

Jeff first gave a basic overview of the Department’s Key Performance Indicators (KPI), Behavioral Health Incentive Program (BHIP), and Performance Pool Dollars. Most of the RAEs’ KPIs are calculated monthly, with a rolling 12-month performance period. Additionally, the RAEs have two tiers that they can achieve, with different dollar amounts for each target. “Leftover” or unachieved dollars from the RAEs KPIs go into a ‘Performance Pool’; the Department then uses these dollars to incentivize other RAE work, for other populations, services, etc.

Alignment of Performance Metrics: Key Performance Indicators

The first KPI Jeff reviewed was the ED visit KPI which incentivizes the RAEs for decreasing ED visits by their members. Members accessing behavioral health services are incentivized through the Behavioral Health Engagement metric which is based on the percentage of members that access at least one behavioral health visit in a primary care or outpatient setting. Some attendees stated that there are a variety of different types of visits, from walk-in clinics for a crisis to scheduled appointments with a therapist and asked if we should track different appointments differently.

Overall, attendees stated that it would be important for us to understand how these metrics are calculated, who calculates them, who oversees them, etc. This may be possible soon as the crisis hotline allows minimum data to be collected, depending on patient agreement; however, there is still difficulty in distinguishing what services have been provided due to the limitation under the cap to clarify which codes were used.

Questions that were asked:

- Where are those specific overlaps?
- What populations are being served?
- How can we help the crisis system connect people back to the RAEs?
- How can we leverage the Crisis system to connect to peers?

The group pointed out the need to define how we’re looking at the crisis system or the ASO-based measurements and how this aligns with the RAE measurement. More questions voiced: “What is being done in the crisis system and how does this overlap with the RAEs?” “What are the measurements being captured?” and “How do we begin to merge the two measurements to align the two goals?” The hope would be to utilize EMTs or other community services to achieve medical clearance to avoid overpopulating the ED.



Alignment of Performance Metrics: Behavioral Health Incentive Program

Jeff reviewed the Behavioral Health Incentive Program (BHIP), stating that Indicators 2 through 5 were most pertinent to this subcommittee’s work. Indicator 2 tracks the percentage of members that receive a follow-up appointment within 7-days of their discharge from an Inpatient Psychiatric facility. Indicator 3 focuses on a follow-up appointment within 7 days of an Emergency Department visit for SUD. Camille, with OBH, stated that the Crisis Hotline has additional funding for SUD care coordination which allows for 24-hour access to assistance. This further highlighted the importance of alignment across the Crisis system and RAEs.

A RAE attendee stated that a barrier to this work is that they do not receive some ED claims. Furthermore, Melissa added that there will be forthcoming changes to care coordination related to integrated SAMSA practices; some locales will have staff on-site, others will have a referral system.

Lastly, Indicator 4 is focused on follow-up referrals after a positive depression screening, using the PHQ-9.

Alignment of Performance Metrics: Performance Pool

Jeff stated that Performance Pool Indicators 1, 3, and 4 were most relevant to this group. Indicator 1 focuses on extended care coordination for members identified with “complex” needs. Indicator 3 focuses on members getting a behavioral health appointment within 14 days of being released from a Department of Corrections (DOC) facility. Lastly, indicator 4 incentivizes RAEs to keep members in the community by maintaining lower Inpatient Psychiatric stays.

An attendee stated that normal delays (such as claims runout) may hinder being able to operationalize real-time care management. Melissa stated that OBH will be implementing its COMPASS system which will be a more instant source of data. RAEs usually do not receive the information for at least 2 months following the crisis. There is a timeline lag between when the crisis occurs and when RAEs are notified. A future hope to reduce the timeline lag is the use of the COMPASS from OBH and aligning this with the Crisis system and the RAEs. This would get real-time information to RAE providers to better track the data inputted. The caveat is this is several year projects before this could be fully operational. Currently, the Department and OBH are meeting together to figure out a strategy to ensure the RAEs do not need to build an infrastructure to acquire data.

Alignment of Performance Metrics: Crisis Service System

Camille then presented on the Crisis Service System. They are beginning to investigate data by region, by Medicaid coverage, Age (aligned with HEDIS age ranges), etc. Furthermore, they are researching ways to better identify high utilizers of crisis care and understanding their access, or lack of access, to outpatient treatment. Attendees were interested in the full continuum of care, such as whether members accessing crisis services are going into Inpatient services, are getting appropriate referrals to community-based/outpatient services, and whether they can access those services. Furthermore, other



encounters with law enforcement incidents involving mental health hold and short-term certifications were also of interest to the attendees. Lastly, another area of focus would be social determinants of health (housing, food insecurity, etc) the systems and providers; however, there is uncertainty on how to measure this effect. Furthermore, Doug stated that his organization, Centura, has already created pilots related to this topic.

Behavioral Health Task Force Update:

Camille presented that the COVID-specific subcommittee for the Behavioral Health Task Force has met twice and will administer a survey related to the impact of COVID. They are also working to coordinate guidance the other sub-committees will send out. The Children’s sub-committee recently voted on their financial recommendations. Melissa stated that the Safety Net Committee has discussed the state model and is moving into conversations into finding high-intensity providers, in accordance with Senate Bill 222.

State PIAC Update:

The State PIAC has open voting member positions coming up. Please fill out the question if you’re interested (or knows of anyone interested). The applications will be reviewed based on who is best suited to serve as a voting member on the committee based on their interests, time, qualifications, and needs.

The State PIAC and the Department are reviewing the proposed DOC metrics and will have feedback for us shortly.

Subcommittee Housekeeping and Feedback:

The next meeting is July 1 from 9 to 10:30 am. The chairs will review feedback from the Department on the DOC metric. The meeting adjourned at 10:23

